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|--|------------------------------|---|--|----------|---|----------|---|----------|--|----------|---|-------------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) 05432/100M919-US4 | | | | | | | | | | |
| In re Application of Connie Sanchez et al. | | | | | | | | | | | | |
| Application Number 10/644,587-Conf. #5266 | | Filed August 20, 2003 | | | | | | | | | | |
| For THE USE OF ENANTIOMERIC PURE ESCITALOPRAM | | | | | | | | | | | | |
| Art Unit N/A | Examiner Not Yet Assigned | | | | | | | | | | | |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table style="width: 100%; border: none;"><tr><td style="width: 60%;"><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td style="width: 40%; text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td style="text-align: right;">\$ _____</td></tr><tr><td><input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td style="text-align: right;">\$ 2,010.00</td></tr></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____</p> <p><input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>04-0100</u></p> <p>I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor. <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input type="checkbox"/> attorney or agent of record. Registration Number _____ <input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) <u>41,151</u></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 45%;"><p><u>June 7, 2004</u> Date</p><p><u>(212) 527-7765</u> Telephone Number</p></div><div style="width: 45%; text-align: center;"><p>_____ Signature</p><p><u>Jay P. Lessler</u> Typed or printed name</p></div></div> <p style="font-size: small; margin-top: 10px;">NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"><input type="checkbox"/> Total of <u>1</u> forms are submitted.</div> | | | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ _____ | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ _____ | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ _____ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ _____ | <input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ 2,010.00 |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ _____ | | | | | | | | | | | |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ _____ | | | | | | | | | | | |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ _____ | | | | | | | | | | | |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ _____ | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ 2,010.00 | | | | | | | | | | | |

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